



EXPRESS MAIL MAILING LABEL NO. EL953993736US

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NOV 12 2002 #23
PATENT
Atty. Docket No. SUR-008
TECH CENTER 1600/2900 AXO
11/23/02

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Sawan et al. GROUP ART UNIT: 1617
FILING DATE: September 9, 1999 EXAMINER NAME: S. J. Sharareh
SERIAL NUMBER: 09/392,842
TITLE: Topical Dermal Antimicrobial Compositions, Methods for Generating Same, and Monitoring Methods Utilizing Same

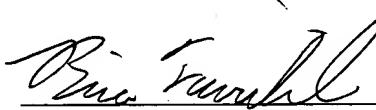
NOTIFICATION REGARDING CHANGE IN STATUS

Box Missing Parts
Commissioner for Patents and Trademarks
Washington, D.C. 20231

Sir:

Pursuant to 37 CFR § 1.27, Applicants notify the U.S. Patent and Trademark Office that status as a small entity is no longer appropriate for the above-identified patent application.

Respectfully submitted,



Brian A. Fairchild
Reg. No. 48,645
Testa, Hurwitz & Thibeault, LLP
High Street Tower
125 High Street
Boston, MA 02110

Date: November 12, 2002

Telephone No.: (617) 248-7697
Facsimile No.: (617) 248-7100

2529619



UNITED STATES DEPARTMENT OF COMMERCE

Patent and Trademark Office

Address: COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

APPLICATION NUMBER

FILING/RECEIPT DATE

FIRST NAMED APPLICANT

ATTY. DOCKET NO/TITLE

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COPY

DATE MAILED:

NOTICE TO FILE MISSING PARTS OF APPLICATION (CPA)

Filing Date Granted

The Continued Prosecution Application (CPA) request filed on 6-28-02 is entitled to a filing date under 37 CFR 1.53(d)(1). The CPA request, however, lacks the filing fee(s) and/or items indicated below.

Applicant is given TWO MONTHS FROM THE DATE OF THIS NOTICE within which to file the fee(s), item(s), and any surcharge required below to avoid abandonment of this CPA. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

The total amount owed by applicant is the sum of items 1(a) or (b), 2, and 3 (if checked) below.

1 The statutory basic filing fee is:

- missing.
 insufficient.

(a) Applicant must submit \$ 370.00 to complete the basic filing fee and the \$130.00 surcharge set forth in 37 CFR 1.16(e) (non-small entity), or \$ _____ to complete the basic filing fee as a small entity and the \$65.00 surcharge set forth in 37 CFR 1.16(e) and file a small entity statement under 37 CFR 1.27 claiming such status (if the prior application was entitled to small entity status and such status is still proper and desired, a new small entity statement is not required (37 CFR 1.28)).

(b) Applicant must submit \$ _____ to complete the basic filing fee as a small entity and the \$65.00 surcharge set forth in 37 CFR 1.16(e).

2 Additional claim fees of

\$ _____ (non-small entity) or \$ _____ (small entity) for _____ independent claims over 3
\$ _____ (non-small entity) or \$ _____ (small entity) for _____ claims over 20.
\$ _____ (non-small entity) or \$ _____ (small entity) for multiple dependent claim surcharge.

Applicant must either submit the additional claim fees or cancel additional claims for which fees are due.

3 A \$50.00 processing fee is required since your check was returned without payment (37 CFR 1.21(m)).

4 The CPA request is unsigned. Applicant must file a signed duplicate or ratification of the CPA request.

5 Other: _____

A copy of this Notice MUST be returned with the reply.

11/18/2002 AWONDAF1 00000087 09392842

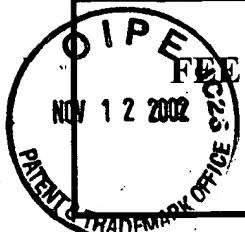
Direct the reply and any questions about this Notice to:

Henrietta Dendy

Examining Group 1617

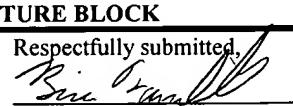
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01 FC:1006	740.00 OP
02 FC:1051	130.00 OP
03 FC:1201	420.00 OP
04 FC:1202	54.00 OP



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TECH CENTER 162
NOV 26 2002
162/2900

		Complete if Known	
		Application Serial Number	09/392,842
		Filing Date	September 9, 1999
		First Named Inventor	Sawan et al.
		Group Art Unit	1617
		Examiner Name	S. J. Sharareh
		Attorney Docket No.	SUR-008

METHOD OF PAYMENT				FEE CALCULATION (continued)			
1. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other				3. ADDITIONAL FEES			
2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531. <input type="checkbox"/> Additional Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit.				Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
3. <input type="checkbox"/> Applicant claims small entity status.				130	65	Surcharge - late filing fee or oath	130.00
				50	25	Surcharge - late provisional filing fee or cover sheet	
				130	130	Non-English specification	
				2,520	2,520	Request for ex parte reexamination	
				110	55	Extension for reply within first month	
				400	200	Extension for reply within second month	400.00
				920	460	Extension for reply within third month	
				1440	720	Extension for reply within fourth month	
				1960	980	Extension for reply within fifth month	
				320	160	Notice of Appeal	
				320	160	Filing a brief in support of an appeal	
				280	140	Request for oral hearing	
				130	130	Petitions to the Commissioner	
				180	180	Submission of Information Disclosure Statement	
				740	370	Filing a submission after final rejection (37 CFR 1.129(a))	
1. FILING FEE				740	370	For each additional invention to be examined (37 CFR 1.129(b))	
Large Entity Fee (\$) Fee Description Fee Paid				100	100	Certificate of Correction for applicant's error	
740 Utility filing fee 740.00 330 Design filing fee _____ 160 Provisional filing fee _____				Other fee (Specify) Other fee (Specify)			
Number Filed Number Extra Rate Amount							
Total Claims - 20 = x \$ 18.00 = . Independent Claims - 3 = x \$ 84.00 = . <input type="checkbox"/> Multiple Dependent Claim(s), if any \$280.00 =				740 370 100 100			
TOTAL: 740.00 SMALL ENTITY DISCOUNT: 0.00 SUBTOTAL (1) (\$ 740.00)				740.00 474.00 530.00			
2. AMENDMENT CLAIM FEES				SUBTOTAL (3) (\$ 530.00)			
Claims Highest No. Present Rate Fee Paid Remaining Previously Extra After Amend. Paid For							
Total 23 - 3 = 3 x \$ 18.00 = 54.00 Indep. 8 - 3 = 5 x \$ 84.00 = 420.00 <input type="checkbox"/> First Presentation of Multiple Dep. + \$280.00 = 0.00				SUBTOTAL (1) 740.00 SUBTOTAL (2) 474.00 SUBTOTAL (3) 530.00			
TOTAL: (\$474.00) SMALL ENTITY DISCOUNT: (\$ 0.00) SUBTOTAL (2) (\$474.00)				TOTAL (\$ 1,744.00)			
CORRESPONDENCE ADDRESS Direct all correspondence to: Patent Administrator Testa, Hurwitz & Thibeault, LLP High Street Tower-125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100				SIGNATURE BLOCK Respectfully submitted,  Brian A. Fairchild Agent for the Applicants Testa, Hurwitz & Thibeault, LLP High Street Tower-125 High Street Boston, MA 02110			

11-13-02

CPA/m.e./\$1
1617

**TRANSMITTAL
FORM**

EXPRESS MAIL MAILING LABEL NO. EL953993736US

Application Serial Number	09/392,842
Filing Date	September 9, 1999
First Named Inventor	Sawan
Group Art Unit	1617
Examiner Name	S. J. Sharareh
Attorney Docket No.	SUR-008
Patent No.	Not applicable
Issue Date	Not applicable

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ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form 	<input checked="" type="checkbox"/> Copy of Notice to File Missing Parts of Application (CPA) <ul style="list-style-type: none"> <input type="checkbox"/> Formal Drawing(s) 	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <ul style="list-style-type: none"> <input type="checkbox"/> Appeal Brief (in triplicate)
<input checked="" type="checkbox"/> Amendment/Response <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets _____] 	<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Associate Power of Attorney 	<input type="checkbox"/> Status Inquiry <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Return Receipt Postcard
<input checked="" type="checkbox"/> Petition for Extension of Time	<input type="checkbox"/> Terminal Disclaimer <ul style="list-style-type: none"> <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application 	<input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <ul style="list-style-type: none"> <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8
<input type="checkbox"/> Information Disclosure Statement <ul style="list-style-type: none"> <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations 	<input type="checkbox"/> Small Entity Statement <ul style="list-style-type: none"> <input type="checkbox"/> CD(s) for large table or computer program 	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below) <ul style="list-style-type: none"> <input type="checkbox"/> Notification Regarding Change in Status (1 pg.); and <input type="checkbox"/> Marked-up Version of Amended Claims (1 pg.)
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Amendment After Allowance <ul style="list-style-type: none"> <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate) 	
<input type="checkbox"/> Sequence Listing submission <ul style="list-style-type: none"> <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above 		

CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator
 Testa, Hurwitz & Thibeault, LLP
 High Street Tower
 125 High Street
 Boston, MA 02110
 Tel. No.: (617) 248-7000
 Fax No.: (617) 248-7100

SIGNATURE BLOCK

Respectfully submitted,


 Brian A. Fairchild

Agent for Applicant(s)
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 125 High Street
 Boston, MA 02110